

DL#: .			
DOB:			

ORDER OF SUSPENSION

BB6 Suspension (FTA - No Insurance)

Your privilege to drive in the State of Oklahoma is hereby suspended pursuant to 22 O. S. § 1115.5 and 47 O. S. § 7-605 by the Department of Public Safety for failure to comply with the terms of the citation listed below.

Citation #			Date of Violation				Arraignment Date					
Description of Violation												
Fine		Total				Co	City Code					
\$	\$											
Driver License #	Expiration Date S		State	CDL	Date of Birth		Ra	ice	Sex			
Name: Last	First Middle								•			
Street Address		,		,								
City	State Zip Code											
Vehicle Tag #	# State Ve		Veh Make V		Veh Model		C	MV	HAZ			
COURT INFORMATION												
Name of Court												
Mailing Address												
City	S	tate			Ziţ	p Code						
Telephone: Area Code	Number											
TO DPS: The driver has failed to a with the court to satisfy the citation									other arrangements			
Judge/Clerk Name								Date o	f Notice			

SEE THE ENCLOSED NOTICE AND REINSTATEMENT REQUIREMENTS